

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011403

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139

Primary Registration District No. _____

Registrar's No. 22

STATE FILE NUMBER

FILED APR 10 1963

1. PLACE OF DEATH

a. COUNTY

HOLT

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE Mo.

b. COUNTY HOLT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BENTON TWP.

Length of stay in 1b
39 YRS.

c. CITY
OR TOWN MOUND CITY

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3 mi E. MOUND CITY

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
3 miles EAST

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
HAROLD KINNEY ZACHARY

4. DATE OF DEATH
Month Day Year
APR. 2, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/10/1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

MOUND CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRANK ZACHARY

13b. MOTHER'S MAIDEN NAME

ELLA BAGBY

14. NAME OF HUSBAND OR WIFE

LETHA ZACHARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. LETHA ZACHARY

Address

MOUND CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Cerebral Anoxia
Cardiac Arrest
Peritonitis - Urinary Bladder

INTERVAL BETWEEN ONSET AND DEATH

4 min.

4 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition or conditions listed in Part I)

Extensive metastatic cancer
uremia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour: _____
s.m. _____
p.m. _____

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1959 to April 2, 1963 and last saw him alive on April 2, 1963
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James H. Crawford M.D.

22b. ADDRESS

Mound City, Mo.

22c. DATE SIGNED

4/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4/4/1963

23c. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE

23d. LOCATION (City, town, or county)

MOUND CITY, MO.

(State)

24. FUNERAL DIRECTOR

James H. Crawford, Mound City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-4-1963

26. REGISTRAR'S SIGNATURE

James H. Crawford

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address

Mound City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.